

Food Establishment Inspection Form

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The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800	# Violations 2 Priority- C Priority foundation D Core- 2 Score (optional)	Date 12/15/2018 Time In 9:40 am Time Out 10:44 am
Establishment Name Bates Elementary School Establishment Address 53 Library Avenue Telephone (978) 741-3119 Owner Salem Public Schools Person-In-Charge (PIC) Public Health Inspector Janice Ortiz		Risk Category <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other: Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date:
HACCP Y/N Permit #: _____ Food Safety Training / Exp. Date 2/16/2021		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R		
Supervision					
1 <input checked="" type="checkbox"/> IN OUT	PIC present, demonstrates knowledge, and performs duties				
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager				
Employee Health					
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee knowledge, responsibilities and reporting				
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion				
6 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events				
Good Hygienic Practices					
6 <input checked="" type="checkbox"/> IN OUT	Proper eating, tasting, drinking, or tobacco use				
7 <input checked="" type="checkbox"/> IN OUT	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands					
8 <input checked="" type="checkbox"/> IN OUT	N/A Hands clean & properly washed				
9 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food				
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible				
Approved Source					
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source				
12 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food received at proper temperature				
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & unadulterated				
14 <input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available; shellstock tags, required destruction				
Protection from Contamination					
15 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food separated and protected				
16 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized				
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection R = repeat violation	
Compliance Status		COS	R		
Safe Food and Water		Compliance Status			
30	pasteurized eggs used where required			Proper Use of Utensils	
31	Water & ice from approved source			43 <input checked="" type="checkbox"/> In-use utensils properly stored	
32	Variance obtained for specialized processing methods			44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control		Utensils, Equipment and Vending			
33	proper cooling methods used; adequate equipment for temperature control			45 <input checked="" type="checkbox"/> Single-use / single-service articles: properly stored & used	
34	Plant food properly cooked for hot holding			46 <input checked="" type="checkbox"/> Gloves used properly	
35	Approved thawing methods used			Physical Facilities	
36	Thermometers provided & accurate			47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used	
Food Identification		Physical Facilities			
37	Food properly labeled; original container			48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips	
Prevention of Food Contamination		Physical Facilities			
38	Insects, rodents, & animals not present			49 <input checked="" type="checkbox"/> Non-food contact surfaces clean	
39	Contamination prevented during food preparation, storage and display			50 <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure	
40	Personal cleanliness			51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices	
41	Wiping cloths: properly used & stored			52 <input checked="" type="checkbox"/> Sewage & waste water properly disposed	
42	Washing fruits & vegetables			53 <input checked="" type="checkbox"/> Toilet fixtures: properly constructed, supplied, & cleaned	
57	SPECIAL REQUIREMENTS / OTHER	<input type="checkbox"/> Anti-choking (590.009E)	<input type="checkbox"/> Tobacco (590.009F)	<input type="checkbox"/> Allergen Awareness (590.009G)	<input type="checkbox"/> Local law regulation
<input type="checkbox"/> Other					
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit, and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.					
PIC's Signature: <i>Janice Ortiz</i>		Print: <i>Janice Ortiz</i>		Date: <i>12-15-18</i>	
Inspector's Signature: <i>Janice Ortiz</i>		Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Follow-up Date, if applicable: <i>Next Routine</i>	

PIC's Signature: <i>Janice Ortiz</i> Inspector's Signature: <i>Janice Ortiz</i>		Print: <i>Janice Ortiz</i> Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Date: <i>12-15-18</i> Follow-up Date, if applicable: <i>Next Routine</i>	
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Food Establishment Inspection Form

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Date: 12/5/18

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
EE	6-501.1H		There is an out of Service Refrigerator unit in the back of the kitchen. Remove Refrigerator from the kitchen or wrap it in plastic or a Tarp.
2A	5-AD3.1d		Walk-in Freezer has some condensation build up and there is ice forming on top of food boxes and there are ice blocks on the floor. Repair so that the water & ice keeps from coming in contact with the food.

PIG's Signature:

Patty McVittie
ature
Janet McVittie

Date: 12-5-68

Date: 10/15/11

Inspector's Signature

Rev. 11/2016

Rev. 11/2016

Rev. 11/2016

Food Establishment Inspection Form

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The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations <u>3</u>	Priority <u>1</u>	Priority foundation- <u>C</u>	Core- <u>1</u>	
Establishment Name <u>Bates Elementary School</u>		Risk Category		Type of Operation(s)		Type of Inspection
Establishment Address <u>33 Liberty Hill Avenue</u>				<input checked="" type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	
Telephone <u>978-825-3419</u>		HACCP Y/N		<input type="checkbox"/> Retail	<input type="checkbox"/> Reinspection	
Owner <u>Salem Public Schools</u>		Permit #:		<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:	
Person-in-Charge (PIC) <u>Patty Mehta</u>		Food Safety Training / Exp. Date <u>2/18/2021</u>		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-Operation	
Inspector <u>Jeffrey Brown</u>				<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness	
				<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint	
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP	
				<input type="checkbox"/> Farmer's Market	<input type="checkbox"/> Other:	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation		
Compliance Status			COS	R	
Supervision					
1 <input checked="" type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties				
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager				
Employee Health					
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting				
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion				
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events				
Good Hygienic Practices					
6 <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/O	Proper eating, testing, drinking, or tobacco use				
7 <input checked="" type="checkbox"/> IN OUT N/O	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands					
8 <input checked="" type="checkbox"/> IN OUT N/O	Hands clean & properly washed				
9 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food				
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible				
Approved Source					
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source				
12 <input checked="" type="checkbox"/> IN OUT N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature				
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & uncontaminated				
14 <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/O	Required records available; shellstock tags, parasite destruction				
Protection from Contamination					
15 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food separated and protected				
16 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized				
Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance			Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation		
Compliance Status			COS	R	
Safe Food and Water					
30	Pasteurized eggs used where required				
31	Water & ice from approved source				
32	Variance obtained for specialized processing methods				
Food Temperature Control					
33	Proper cooling methods used; adequate equipment for temperature control				
34	Plant food properly cooked for hot holding				
35	Approved thawing methods used				
36	Thermometers provided & accurate				
Food Identification					
37	Food properly labeled; original container				
Prevention of Food Contamination					
38	Insects, rodents, & animals not present				
39	Contamination prevented during food preparation, storage and display				
40	Personal cleanliness				
41	Wiping cloths: properly used & stored				
42	Washing fruits & vegetables				
Physical Facilities					
50	Hot & cold water available; adequate pressure				
51	Plumbing installed; proper backflow devices				
52	Sewage & waste water properly disposed				
53	Toilet facilities: properly constructed, supplied, & cleaned				
54	Garbage & refuse properly disposed; facilities maintained				
55	Physical facilities installed, maintained, & clean				
56	Adequate ventilation & lighting; designated areas used				

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Patty Mehta Print: Patty Mehta Date: 2/16/21
Inspector's Signature: Jeffrey Brown Follow-up: YES NO Follow-up Date, if applicable: Never

Food Establishment Inspection Form

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The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Bates Elementary School

Date: 5/06/2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
21	3-501.16(4)(i)	P	<ul style="list-style-type: none"> - Heating cabinet nearest walk-in refrigerator is holding food at 104°F and 126°F (both beef patties) - Heating cabinet nearest dishwashing machine is holding food at 130°F and 126°F (both beef patties) - Repair or adjust units so they do not hold food at or above 135°F. (Cabinet nearest walk-in refrigerator was concealed on site.)
55	6-501.114		<ul style="list-style-type: none"> - There are out-of-use refrigeration units (2) and only one is wrapped in plastic. For the remaining unit, either have it wrapped in plastic, repair, or remove from the establishment. <p>* NOTE! Beef patties are to be served or discarded within 4 hours.</p>
54	Section 55		<ul style="list-style-type: none"> - The dumpster behind fencing has one of its lids open. Keep dumpster lids closed when not in use.

Discussion with PIC:		Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
		<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
		<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
		<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:

Jill M. T.

Date: 5-16-2019

Inspector's Signature:

Jeffrey Dwyer

Date: 5/06/2019

Food Establishment Inspection Form

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The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations Priority- 2 Priority foundation-1 Core- 7 Score (optional)	Date <u>10/04/2012</u> Time In <u>9:40 am</u> Time Out <u>11:15 am</u>
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Establishment Name	<u>Bentley Academy Charter School</u>	Risk Category	Type of Operation(s)	Type of Inspection
Establishment Address	<u>25 Memorial Dr.</u>	HACCP Y/N	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:
Telephone		Permit #:		
Owner	<u>Salem Public Schools</u>	Food Safety Training / Ex. Date		
Person-in-Charge (PIC)	<u>Lori George</u>	Inspector		
	<u>Jeffrey Baray</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time / Temperature Control for Safety			
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties			18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures		
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Certified Food Protection Manager			19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding		
Employee Health				20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Proper cooling time and temperature		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Proper hot holding temperature		
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion			22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Proper cold holding temperature		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events			23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Proper date marking and disposition		
Good Hygienic Practices				24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Time as a Public Health Control		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper eating, tasting, drinking, or tobacco use			25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Consumer advisory provided for raw / undercooked food		
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth			Requirements for Highly Susceptible Populations (HSP)			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Hands clean & properly washed			26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food			Food / Color Additives and Toxic Substances			
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible			27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Food additives: approved & properly used		
Approved Source				28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Toxic sub. properly identified, stored & used		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Conformance with Approved Procedures		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Food received at proper temperature				Compliance with variance / specialized process / HACCP Plan		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & undamaged			Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Required records available: livestock tags, permit destruction						
Protection from Contamination							
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Food separated and protected						
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A <input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized						

GOOD RETAIL PRACTICES

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils properly stored		
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use / single-service articles: properly stored & used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plat food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35	Approved thawing methods used			48	Wash/washing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, & animals not present			52	Sewage & waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet features: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used & stored			55	Physical facilities: installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		

57 SPECIAL REQUIREMENTS / OTHER Anti-choking (500.009(F)) Tobacco (500.009(F)) Allergen Awareness (500.009(G)) Local law regulation Other
 Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If不服从 by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: Lori George Print: Lori George Date: 10/04/12
 Inspector's Signature: Jeffrey Baray Follow-up: YES NO (circle one) Follow-up Date, if applicable: Next Re-ins.

Food Establishment Inspection Form

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The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Bentley Academy Charter School

Date: 10/04/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
55	6-301.11		- Ceiling tile above rest dishwashing machine is missing, exposing an air vent with accumulating dust. Replace ceiling tiles.
49	4-602.13		- Dust found accumulating on ceiling at walk-in refrigerator. Remove dust in a manner that does not compromise food items.
10	6-301.12	PF	- Hand washing sinks in bathroom and access from walk-in freezer lack paper towels. Provide paper towels for these sinks.
2	2-102.12(A)		- Current ServSafe and Allergy Awareness certificates are not posted. Have them posted in kitchen.
57	590.009(G)	P	
54	Section 55		- Dumpster lids found open. Keep dumpster lids closed when not in use!
17	3-701.11	P	- Dental can found in dry storage area. Discard all damaged cans. (Contractor on site.)

Discussion with PIC:

Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/>	Employee Restriction / Exclusion
<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/>	Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/>	Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/>	Other

PIC's Signature:

Date: 10/4/18

Inspector's Signature:

Date: 10/04/2018

Food Establishment Inspection Form

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The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 7	Date 5/21/2019
Establishment Name Bentley Academy Charter School		Priority- G Priority foundation- 1 Core- 6	Time In 9:30am
Establishment Address 25 Memorial Drive		Score (optional)	Time Out 11:15am
Telephone 978-746-1162	Risk Category		Type of Operation(s)
Owner Salem Public Schools	HACCP Y/N		<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:
Person-in Charge (PIC) Lori Genere	Permit #:		Type of Inspection
Inspector Jeffrey Basye	Food Safety Training / Exp. Date 6/13/2020		<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Compliance Status		COS	R
Supervision			
1 <input checked="" type="radio"/> OUT	PIC present, demonstrates knowledge, and performs duties		
2 <input checked="" type="radio"/> OUT N/A	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="radio"/> OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> OUT	Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6 IN OUT <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use		
7 IN OUT <input type="radio"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
B <input checked="" type="radio"/> OUT N/O	Hands clean & properly washed		
B <input checked="" type="radio"/> OUT N/A N/O	No bare hand contact with RTE food		
10 IN OUT <input type="radio"/> N/O	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 <input checked="" type="radio"/> OUT	Food obtained from approved source		
12 IN OUT N/A <input type="radio"/> N/O	Food received at proper temperature		
13 <input checked="" type="radio"/> OUT	Food received in good condition, safe, & undiluted		
14 IN OUT <input type="radio"/> N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="radio"/> OUT N/A N/O	Food separated and protected		
16 <input checked="" type="radio"/> OUT N/A	Food-contact surfaces; cleaned & sanitized		
Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		
57	SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.008(E)) <input type="checkbox"/> Tobacco (590.009(F)) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other		
Official Order for Correction: Based on an inspection today, by items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent, constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If不服从 by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.			
PIC's Signature: <i>Jeffrey Basye</i>		Print: <i>Jeffrey Basye</i>	Date: 5/21/19
Inspector's Signature: <i>Jeffrey Basye</i>		Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Follow-up Date, if applicable: <i>Notlicable</i>

Food Establishment Inspection Form

Page 2 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Bentley Academy Charter School

Date: 5/7/2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

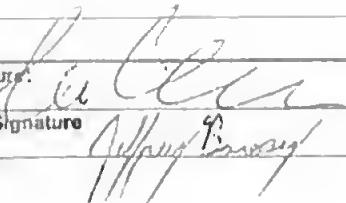
OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
39	3-305.11		- Walk-in freezer has boxes of food stored on the ground. Store food items on pallets or shelves 6 inches or more inches off the ground.
10	6-301.12	PF	- Handwashing sink near walk-in freezer lacks paper towels. Provide paper towels for handwashing sinks at all times.
47	4-501.11		- Food prep sink across from walk-in freezer is leaking water from the area where the bottom of the basement drainage pipe connects. Have sink repaired so leaking no longer occurs.
55	6-501.12		- Walk-in refrigerator has dust collecting on its ceiling in front of the condenser. Remove dust.
54	Sections 5-5		- Dumpster found with lids open. Keep dumpster lids closed when not in use.
39	3-305.11		- A bag of ground white wheat flour found on ground in dry storage room. Store food items on pallets or shelves 6 inches or more inches off the ground.

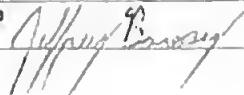
Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:



Date: 5/7/19

Inspector's Signature:



Date: 5/07/2019

Food Establishment Inspection Form

Page 3 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Date: 5/07/2019

Bentley Academy Charter School

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

PIC's Signature:

Date:

Date: 3/11/19

Inspector's Signature

Date:

5/07/2019

Rev. 11/2016

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street; Salem MA 01970 (978) 741-1800			# Violations	Priority- Score (optional)	Priority foundation- Core-	Date <u>10/22/2018</u> Time In <u>9:30am</u> Time Out <u>10:30am</u>
Establishment Name <u>Carlton Elementary School</u> Establishment Address <u>10 Kirby Street</u> Telephone <u>978-825-3463</u> Owner <u>Salem Public Schools</u> Person-In-Charge (PIC) <u>Pamela Ryan</u> Inspector <u>Jeffrey Bucay</u>			Risk Category	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:
HACCP Y/N Permit #: Food Safety Training / Exp. Date: <u>6/02/2023</u>						

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation						
Compliance Status			COS	R	Compliance Status	COS	R		
Supervision			17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper disposition of returned, previously served, reconditioned & unsafe food						
1 <input checked="" type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties								
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager								
Employee Health			18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO Proper cooking time & temperature						
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting								
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion								
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrhea events								
Good Hygienic Practices			19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO Proper reheating procedures for hot holding						
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper setting, tasting, drinking, or tobacco use								
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth								
Preventing Contamination by Hands			20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO Proper cooling time and temperature						
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean & properly washed								
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food								
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible								
Approved Source			21 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO Proper hot holding temperature						
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source								
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature								
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & undamaged								
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available; shotstock tags, parasite destruction								
Protection from Contamination			22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO Proper cold holding temperature						
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected								
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces; cleaned & sanitized								
GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation									
Compliance Status			COS	R	Compliance Status			COS	R
Safe Food and Water			23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO Proper Use of Utensils						
30 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required						43 <input checked="" type="checkbox"/> In-use utensils properly stored		
31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water & ice from approved source						44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled		
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Variance obtained for specialized processing methods						45 <input checked="" type="checkbox"/> Single-use / single-service articles: properly stored & used		
Food Temperature Control			46 <input checked="" type="checkbox"/> Gloves used properly						
33 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control						Utensils, Equipment and Vending		
34 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plat food properly cooked for hot holding						47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used						48 <input checked="" type="checkbox"/> Wewashing facilities: installed, maintained, & used; test strips		
36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate						49 <input checked="" type="checkbox"/> Non-food contact surfaces clean		
Food Identification			50 <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure						
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container						51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices		
Prevention of Food Contamination			52 <input checked="" type="checkbox"/> Sewage & waste water properly disposed						
38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, & animals not present						53 <input checked="" type="checkbox"/> Toilet fixtures: properly constructed, supplied, & cleaned		
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display						54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained		
40 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness						55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean		
41 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored						56 <input checked="" type="checkbox"/> Adequate ventilation & lighting, deodorized areas used		
42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Washing fruits & vegetables						Physical Facilities		
SPECIAL REQUIREMENTS / OTHER			57 <input checked="" type="checkbox"/> Anti-choking (500.00)(E) <input type="checkbox"/> Tobacco (600.00)(F) <input type="checkbox"/> Allergen Awareness (500.00)(G) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other						
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If不服 by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receiving this order.									
PIC's Signature: <u>Jeffrey Bucay</u>			Print: <u>Pamela Ryan</u>				Date: <u>10/22/18</u>		
Inspector's Signature: <u>Jeffrey Bucay</u>			Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				Follow-up Date, if applicable: <u>Next Review</u>		

57 <input checked="" type="checkbox"/> Anti-choking (500.00)(E) <input type="checkbox"/> Tobacco (600.00)(F) <input type="checkbox"/> Allergen Awareness (500.00)(G) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other							
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If不服 by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receiving this order.							
PIC's Signature: <u>Jeffrey Bucay</u>			Print: <u>Pamela Ryan</u>				
Inspector's Signature: <u>Jeffrey Bucay</u>			Follow-up: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
			Follow-up Date, if applicable: <u>Next Review</u>				

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Date: 10/22/2011

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Discussion with PIC:	Corrective Action Required	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:

Date: 10/22/18

Inspector's Signature

Date: 10/22/2018

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations Priority- <input type="checkbox"/> Priority foundation- <input type="checkbox"/> Score (optional)	Date <u>May 8 2019</u> Time In <u>9:51 am</u> Time Out <u>10:15 am</u>
Establishment Name <u>Carter Elementary School</u>		Risk Category HACCP Y/N	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:
Establishment Address <u>10 Skinner Street</u>		Permit #:	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:
Telephone <u>(978) 875-3403</u>		Food Safety Training / Exp. Date <u>6/2/2023</u>	
Owner <u>Salem Public Schools</u>		Person in Charge (PIC) <u>Jamie L. Kyri</u>	
Inspector <u>Janice Ortiz</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status			COS	R		
Supervision						
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties					
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Certified Food Protection Manager					
Employee Health						
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion					
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices						
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Proper eating, testing, drinking, or tobacco use					
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands						
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Hands clean & properly washed					
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	No bare hand contact with RTE food					
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible					
Approved Source						
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source					
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Food received at proper temperature					
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & uncontaminated					
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Required records available: shellstock tags, permits/distribution					
Protection from Contamination						
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Food separated and protected					
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces; cleaned & sanitized					
GOOD RETAIL PRACTICES						
Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection R = repeat violation		
Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water					Proper Use of Utensils	
30 <input checked="" type="checkbox"/>	pasteurized eggs used where required			43 <input checked="" type="checkbox"/> In-use utensils properly stored		
31 <input checked="" type="checkbox"/>	Water & ice from approved source			44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled		
32 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> Single-use / single-service articles: properly stored & used		
Food Temperature Control					46 <input checked="" type="checkbox"/> Gloves used properly	
33 <input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending		
34 <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35 <input checked="" type="checkbox"/>	Approved thawing methods used			48 <input checked="" type="checkbox"/> Wash/wiping facilities: installed, maintained, & used; test strips		
36 <input checked="" type="checkbox"/>	Thermometers provided & accurate			49 <input checked="" type="checkbox"/> Non-food contact surfaces clean		
Food Identification					Physical Facilities	
37 <input checked="" type="checkbox"/>	Food properly labeled; original container			50 <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure		
Prevention of Food Contamination					51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices	
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present			52 <input checked="" type="checkbox"/> Beverage & waste water properly disposed		
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned		
40 <input checked="" type="checkbox"/>	Personal cleanliness			54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained		
41 <input checked="" type="checkbox"/>	Wiping cloths: properly used & stored			55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean		
42 <input checked="" type="checkbox"/>	Washing fruits & vegetables			56 <input checked="" type="checkbox"/> Adequate ventilation & lighting; designated areas used		

57 SPECIAL REQUIREMENTS / OTHER Anti-choking (590.000(E)) Tobacco (590.000(F)) Alcohol Awareness (590.000(G)) Local law regulation Other
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of mailing this notice.

PIC's Signature: Janice Ortiz Print: Janice Ortiz Date: 5/11/19
Inspector's Signature: Janice Ortiz Follow-up: YES NO (circle one) Follow-up Date, if applicable: Next routine

Food Establishment Inspection Form

Page 2 of 2

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 05/8/9

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Discussion with PtC:

Corrective Action Required

12 No

Yes

Voluntary Compliance

Employee Restriction /
Exclusion

Re-inspection Scheduled

Emergency Suspension

Embargo

Emergency Closure

Voluntary Disposal

Other

Date:

512 | 18

Date:

May 8 2019

PIC's Signature:

Inspector's Signature

Rev. 11/2016

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations Priority- 0 Score (optional)	2 Priority foundation- 1 Core- 1	Date <u>11/05/2018</u> Time In <u>9:30am</u> Time Out <u>11:05am</u>
Establishment Name <u>Salem Middle School</u>		Risk Category	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:
Establishment Address <u>29 Highland Avenue</u>		HACCP Y/N		
Telephone <u>978-741-1746</u>		Permit #:		
Owner <u>Salem Public Schools</u>		Food Safety Training / Exp. Date	<u>11/11/2020</u>	
Person In Charge (PIC) <u>Irvaili Berini</u>				
Inspector <u>Jeffrey Bracy</u>				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<small>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable</small>			<small>Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation</small>		
Compliance Status			COS	R	
Supervision			Time / Temperature Control for Safety		
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
2 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Proper cooking time & temperature	
Employee Health			19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Proper reheating procedures for hot holding	
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Proper cooling time and temperature	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion		21 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Proper hot holding temperature	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events		22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Proper cold holding temperature	
Good Hygienic Practices			23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Proper date marking and disposition	
6 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper setting, testing, drinking, or tobacco use		24 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Time as a Public Health Control	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		Consumer Advisory		
Preventing Contamination by Hands			25 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Consumer advisory provided for raw / undercooked food	
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean & properly washed		Requirements for Highly Susceptible Populations (HSP)		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	No bare hand contact with RTE food		26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing sinks properly supplied and accessible		Food / Color Additives and Toxic Substances		
Approved Sources			27 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Food additives: approved & properly used	
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food obtained from approved source		28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Toxic sub. properly identified, stored & used	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Food received at proper temperature		Conformance with Approved Procedures		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food received in good condition, safe, & unadulterated		29 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Compliance with variance / specialized process / HACCP Plan	
Protection from Contamination			Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.		
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO	Food separated and protected				
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces; cleaned & sanitized				

GOOD RETAIL PRACTICES

<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on site during inspection R = repeat violation</small>					
Compliance Status			COS	R	
Safe Food and Water			Proper Use of Utensils		
30 <input type="checkbox"/>	Pasteurized eggs used where required		43 <input type="checkbox"/>	In-use utensils properly stored	
31 <input type="checkbox"/>	Water & ice from approved source		44 <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32 <input type="checkbox"/>	Variances obtained for specialized processing methods		45 <input type="checkbox"/>	Single-use / single-service articles: properly stored & used	
Food Temperature Control			46 <input type="checkbox"/>	Gloves used properly	
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		Utensils, Equipment and Vending		
34 <input type="checkbox"/>	Plant food properly cooked for hot holding		47 <input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
35 <input type="checkbox"/>	Approved thawing methods used		48 <input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
36 <input type="checkbox"/>	Thermometers provided & accurate		49 <input type="checkbox"/>	Non-food contact surfaces clean	
Food Identification			Physical Facilities		
37 <input type="checkbox"/>	Food properly labeled; original container		50 <input type="checkbox"/>	Hot & cold water available; adequate pressure	
Prevention of Food Contamination			51 <input type="checkbox"/>	Plumbing installed; proper backflow devices	
38 <input type="checkbox"/>	Insects, rodents, & animals not present		52 <input type="checkbox"/>	Sewage & waste water properly disposed	
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage and display		53 <input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	
40 <input type="checkbox"/>	Personal cleanliness		54 <input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
41 <input type="checkbox"/>	Wiping cloths: properly used & stored		55 <input type="checkbox"/>	Physical facilities installed, maintained, & clean	
42 <input type="checkbox"/>	Washing fruits & vegetables		56 <input type="checkbox"/>	Adequate ventilation & lighting; designated areas used	
57 SPECIAL REQUIREMENTS / OTHER			Print: Irvaili Berini Date: 11-5-18		
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.			Follow-up: YES NO (circle one) Follow-up Date, if applicable: Next Routine		

PIC's Signature: Irvaili Berini
Inspector's Signature: Jeffrey Bracy

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Collins Middle School

Date: 11/05/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

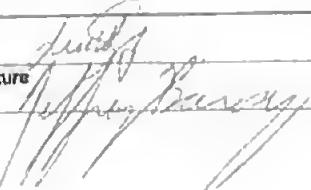
Violations cited in this report must be corrected within the time frames or as stated in Section 8-105.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
10	S-202.12	PF	<ul style="list-style-type: none"> - Hot water at all hand washing sinks peaks at 71°F. Restore hot water to a temperature that is at or above 100°F.
47	4-501.11		<ul style="list-style-type: none"> - Soap dispenser for handwashing sink in dishwashing room is not working dispensing soap. Repair dispenser so soap is dispensed when activated.

NOTE: Food items not belonging to the kitchen were found inside of a refrigerator in the room between the kitchen and dishwashing room. Food items were held at 50°F (cheese slices), had expired, and were covered in mold and grease. The food items were stored there by Evelyn Oquendo, a member of the school's gym staff, with the intent to ~~use~~ them at fall sporting ~~events~~ events at the school. She discarded all of the adulterated food items on site. In the future, store food items in a unit that can hold food at or below 41°F and check periodically to ensure it was not adulterated.

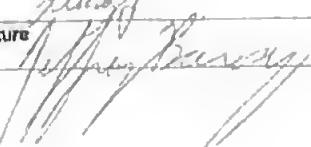
Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:



Date: 11-5-18

Inspector's Signature:



Date: 11/05/2018

Rev. 11/2016

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 3 Priority- 1 Priority foundation- 0 Core- 2 Score (optional)	Date <u>5/08/2019</u> Time In <u>9:30am</u> Time Out <u>11:00am</u>	
Establishment Name <u>Collins Middle School</u> Establishment Address <u>29 Highland Avenue</u> Telephone <u>978-740-1196</u> Owner <u>Salem Public Schools</u> Person-in-Charge (PIC) <u>Jessie L. Peirce</u> Inspector <u>Jeffrey Bracey</u>		Risk Category HACCP Y/N Permit #: <u>1473372020</u> Food Safety Training/Erg. Date	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable			Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation	
Compliance Status			COS	R
Supervision				
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties			
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager			
Employee Health				
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion			
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices				
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper eating, tasting, drinking, or tobacco use			
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands				
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean & properly washed			
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food			
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible			
Approved Source				
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature			
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & uncontaminated			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination				
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected			
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces; cleaned & sanitized			
GOOD RETAIL PRACTICES				
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				
Mark "X" in box if numbered item is not in compliance			Mark "X" in appropriate box for COS and/or R	
COS = corrected on-site during inspection			R = repeat violation	
Compliance Status			COS	R
Safe Food and Water			Proper Use of Utensils	
30 <input type="checkbox"/> Pasteurized eggs used where required			43 <input type="checkbox"/> In-use utensils properly stored	
31 <input type="checkbox"/> Water & ice from approved source			44 <input type="checkbox"/> Utensils, equipment & linens: properly stored, chilled, & handled	
32 <input type="checkbox"/> Variance obtained for specialized processing methods			45 <input type="checkbox"/> Single-use / single-service articles: properly stored & used	
Food Temperature Control			46 <input type="checkbox"/> Gloves used properly	
33 <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending	
34 <input type="checkbox"/> Plant food properly cooked for hot holding			47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed & used	
35 <input type="checkbox"/> Approved thawing methods used			48 <input type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips	
36 <input type="checkbox"/> Thermometers provided & accurate			49 <input type="checkbox"/> Non-food contact surfaces clean	
Food Identification			Physical Facilities	
37 <input type="checkbox"/> Food properly labeled; original container			50 <input type="checkbox"/> Hot & cold water available; adequate pressure	
Prevention of Food Contamination			51 <input type="checkbox"/> Plumbing installed; proper backflow devices	
38 <input type="checkbox"/> Insects, rodents, & animals not present			52 <input type="checkbox"/> Sewage & waste water properly disposed	
39 <input type="checkbox"/> Contamination prevented during food preparation, storage and display			53 <input type="checkbox"/> Toilet fixtures: properly constructed, supplied, & cleaned	
40 <input type="checkbox"/> Personal cleanliness			54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained	
41 <input type="checkbox"/> Wiping cloths: properly used & stored			55 <input type="checkbox"/> Physical facilities installed, maintained, & clean	
42 <input type="checkbox"/> Washing fruits & vegetables			56 <input type="checkbox"/> Adequate ventilation & lighting; decontaminated areas used	

57 SPECIAL REQUIREMENTS / OTHER Anti-choking (590.009(E)) Tobacco (590.009(F)) Allergen Awareness (590.009(G)) Local law regulation Other
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order?

PIC's Signature: Jessie L. Peirce

Inspector's Signature: Jeffrey Bracey

Print: Jessie L. Peirce

Follow-up: YES NO

(circle one) Follow-up Date, if applicable: Next inspection

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Collins Middle School

Date: 5/08/2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
16	4-502.114	P	- Dishwashing machine's rinse cycle is failing to raise the surface temperature of washed equipment to heat or above 160°F (temperature observed - 153.4°F). Repair or adjust machine so rinse cycle water is between 180°F and 190°F so that equipments' surface temperature reaches 160°F.
47	4-502.11(A)(1)		- Dishwashing machine's "Rinse" temperature gauge is not working. It was observed with it would stuck at 120°F. Repair "Rinse" gauge so that it displays actual temperature of rinse water.
			NOTE: Until dishwashing machine's rinse cycle reaches proper temperature, all washed equipment is to be sprayed on all surfaces with available sanitizing solution and allowed to air dry for 30 seconds.
54	Section 5-5		- Garbage dumpster has missing lid and recycling dumpster's lid form opens. Dumpsters are to have proper lids and are to remain closed when not in use.

Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature: *[Signature]*

Date: 5/08/19

Inspector's Signature: *[Signature]*

Date: 5/08/2019

Food Establishment Inspection Form

Page 1 of 3

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 5 Priority- 1 Priority foundation- 2 Core- 2 Score (optional)	Date 9/19/2018 Time In 10:00am Time Out 11:40am
Establishment Name		Risk Category	Type of Operation(s)
Establishment Address		HACCP Y/N	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other
Telephone		Permit #:	Type of Inspection
Owner		Food Safety Training / Exp. Date	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date:
Person-in-Charge (PIC)		Jeffrey Barcoy Adrianne Lehna	
Inspector			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
 COS = corrected on-site during inspection R = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time / Temperature Control for Safety			
1 <input checked="" type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties			17 <input checked="" type="checkbox"/> IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager			18 <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooking time & temperatures		
Employee Health				19 <input checked="" type="checkbox"/> OUT N/A N/O	Proper reheating procedures for hot holding		
3 <input checked="" type="checkbox"/> IN OUT	Management, food employees and conditional employees: knowledge, responsibilities and reporting			20 <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooling time and temperature		
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion			21 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper hot holding temperature		
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrhea events			22 <input checked="" type="checkbox"/> OUT N/A N/O	Proper cold holding temperature		
Good Hygienic Practices				23 <input checked="" type="checkbox"/> OUT N/A N/O	Proper date marking and disposition		
6 <input checked="" type="checkbox"/> IN OUT	Proper eating, tasting, drinking, or tobacco use			24 <input checked="" type="checkbox"/> OUT N/A N/O	Time as a Public Health Control		
7 <input checked="" type="checkbox"/> IN OUT	N/O No discharge from eyes, nose, and mouth			Consumer Advisory			
Preventing Contamination by Hands				25 <input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw / undercooked food		
8 <input checked="" type="checkbox"/> IN OUT N/O	Hands clean & properly washed			Requirements for Highly Susceptible Populations (HSP)			
9 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food			26 <input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used; prohibited foods not offered		
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible			Food / Color Additives and Toxic Substances			
Approved Source				27 <input checked="" type="checkbox"/> IN OUT N/A	Food additives: approved & properly used		
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved sources			28 <input checked="" type="checkbox"/> OUT N/A	Toxic sub. properly identified, stored & used		
12 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food received at proper temperature			Conformance with Approved Procedures			
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & uncontaminated			29 <input checked="" type="checkbox"/> OUT N/A	Compliance with variance / specialized process / HACCP Plan		
14 <input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available: shellstock bags, parasite destruction			Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
Protection from Contamination							
15 <input checked="" type="checkbox"/> OUT N/A N/O	Food separated and protected						
16 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils properly stored		
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use / single-service articles: properly stored & used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plent food properly cooked for hot holding			47 <input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, & animals not present			52	Sewage & waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet fixtures properly constructed, supplied, & cleaned		
40	Personal cleanliness			54 <input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths properly used & stored			55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		
57	SPECIAL REQUIREMENTS / OTHER			<input type="checkbox"/> Anti-choking (590.009 F) <input type="checkbox"/> Tobacco (590.009 F) <input type="checkbox"/> Allergen Awareness (590.009 G) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.			
PIC's Signature: <i>[Signature]</i>				Print: <i>[Signature]</i> Date: <i>9-19-18</i>			
Inspector's Signature: <i>[Signature]</i>				Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one) Follow-up Date, if applicable: <i>Next inspection</i>			

Food Establishment Inspection Form

Page 2 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Henne Mann Laboratory

Date: 9/19/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
			<i>The Salem Board of Health responded to a complaint which claimed the kitchen lacked a 3 bay sink, the dishwashing machine was not working, and there was no hot water. As part of the inspector's investigation, a routine inspection was conducted. The following was noted:</i>
10	5-205.11	PF	<i>- 3 bay sink's right side faucet lacks hot and cold water. Restore water to this faucet and have hot water be at or above 100°F.</i>
21	3-502.16(A)(1)	P	<i>- Food warmer cabinet next to dishwashing machine found hot holding cooked carrots at 112°F despite being set to 150°F. Raised temperature of carrots to 135°F. Have warmer repaired or adjusted so it holds food items at or above 135°F. (Carrots placed in a steamer table and brought to temperature.)</i>
47	4-502.11		
17	3-701.11	P	<i>- Rented can of dried tomatoes found in dry storage room. Discard damaged can. (Corrected on site)</i>

Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:

CCW

Date: 9-14-18

Inspector's Signature

Jeffrey Eaney

Date: 9/19/2018

Food Establishment Inspection Form

Page 3 of 3

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 9/19/2018

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

PIC's Signature:

Mr. or
e Jeffrey Baney

Date: 9-15-18

Inspector's Signature

Jeffrey Brown

Date: 10/14/2018

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 4	Priority- O Priority foundation- 1 Core 3	Date 5/20/2019 Time In 9:30am Time Out 10:35am
Establishment Name Harcas Mann School		Risk Category	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date:
Establishment Address 79 Willson Street	Telephone 978-825-3440	HACCP Y/N		
Owner Salem Public Schools	Person-In-Charge (PIC) Adrianna Cunha	Permit #: 6/02/2019	Food Safety Training (FST) Date	
Inspector Jeffrey Barry				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, NO, N/A) for each numbered item IN = in compliance OUT = not in compliance NO = not observed N/A = not applicable			
Compliance Status		COS	R
Supervision			
1 <input checked="" type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion		
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
7 <input checked="" type="checkbox"/> IN OUT N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN OUT N/O	Hands clean & properly washed		
9 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food		
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source		
12 <input checked="" type="checkbox"/> IN OUT N/A N/C	Food received at proper temperature		
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & uncontaminated		
14 <input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination			
15 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food separated and protected		
16 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized		
Time / Temperature Control for Safety			
17 <input checked="" type="checkbox"/> IN OUT	Proper disposition of returned, previously served reconditioned & unsafe food		
18 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooking time & temperatures		
19 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper reheating procedures for hot holding		
20 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooling time and temperature		
21 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper hot holding temperature		
22 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cold holding temperature		
23 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper date marking and disposition		
24 <input checked="" type="checkbox"/> IN OUT N/A N/O	Time as a Public Health Control		
Consumer Advisory			
25 <input checked="" type="checkbox"/> IN OUT N/A	Consumer advisory provided for raw / undercooked food		
Requirements for Highly Susceptible Populations (HSP)			
26 <input checked="" type="checkbox"/> IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Food Color Additives and Toxic Substances			
27 <input checked="" type="checkbox"/> IN OUT N/A	Food additives: approved & properly used		
28 <input checked="" type="checkbox"/> IN OUT N/A	Toxic sub. properly identified, stored & used		
Conformance with Approved Procedures			
29 <input checked="" type="checkbox"/> IN OUT N/A	Compliance with variation / specialized process / HACCP Plan		

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation			
Compliance Status		COS	R
Safe Food and Water			
30	Postpasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		
57	SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009(E)) <input type="checkbox"/> Tobacco (590.009(F)) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other		
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.			
PIC's Signature: <i>Adrianna Cunha</i>		Print: <i>Adrianna Cunha</i> Date: 5/20/19	
Inspector's Signature: <i>Jeffrey Barry</i>		Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one) Follow-up Date, if applicable: <i>Next Routine</i>	

Food Establishment Inspection Form

Page 2 of 2

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 5/20/2019

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
39	7-303.12		- Walk-in refrigerator has a water leak ^{drip} coming from a sewer at the center of the ceiling. Find cause of dripping and repair. Refrain from storing food items directly below the point of water drip.
47	4-501.11		
10	5-202.12	PF	- Hot water in staff bathroom sink peaks at 81°F. Repair or adjust this sink so hot water is at or above 100°F.
54	Section 5-5		- Dumpster has missing lids. A bag of garbage was found on the ground beside dumpster. Provide lids for dumpster and keep dumpster close when not in use. Store garbage bag in dumpster.

Discussion with PIC:

Corrective Action Required

12

Yes

Voluntary Compliance

Employee Restriction /
Exclusion

Re-Inspection Scheduled

Emergency Suspension

□ Embargo

Emergency Closure

Voluntary Disposal

Other

PIC's Signature:

Date: _____

Inspector's Signature

Data:

Rev. 11/2016

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Mr. Jeffrey Barone

Food Establishment Inspection Form

Page 1 of 1

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 8	Priority- 2 Priority foundation- 1 Core- 5	Date NOV 7 2013
		Score (optional)		Time In 9:22 AM
				Time Out 12:17 PM
Establishment Name Salem High School Establishment Address 77 Wilson Street		Risk Category	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	
Telephone 978-740-1116 Owner Salem Public School		HACCP Y/N Y	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection	
Person-In-Charge (PIC) Record Library		Permit #:	Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:	
Person-In-Charge (PIC) Record Library		Food Safety Training / Exp. Date 11/26/12		
Inspector Jeffrey Purdy, Parma Gia				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status				COS	R		
Supervision							
1 <input checked="" type="checkbox"/> IN OUT	PIC present, demonstrates knowledge, and performs duties						
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager						
Employee Health							
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion						
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices							
6 <input checked="" type="checkbox"/> IN OUT <input type="checkbox"/> N/A	Proper eating, using, drinking, or tobacco use						
7 <input checked="" type="checkbox"/> IN OUT <input type="checkbox"/> N/A	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands							
8 <input checked="" type="checkbox"/> IN OUT <input type="checkbox"/> N/A	Hands clean & properly washed						
9 <input checked="" type="checkbox"/> IN OUT N/A <input type="checkbox"/> N/A	No bare hand contact with RTE food						
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible						
Approved Source							
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source						
12 <input checked="" type="checkbox"/> IN OUT N/A <input type="checkbox"/> N/A	Food received at proper temperature						
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & unadulterated						
14 <input checked="" type="checkbox"/> IN OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction						
Protection from Contamination							
15 <input checked="" type="checkbox"/> IN OUT N/A <input type="checkbox"/> N/A	Food separated and protected						
16 <input checked="" type="checkbox"/> IN OUT <input type="checkbox"/> N/A	Food-contact surfaces; cleaned & sanitized						
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS = corrected on-site during inspection			
Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30 <input checked="" type="checkbox"/>	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/>	In-use utensils properly stored		
31 <input checked="" type="checkbox"/>	Water & ice from approved source			44 <input checked="" type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled		
32 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/>	Single-use / single-service articles; properly stored & used		
Food Temperature Control				46 <input checked="" type="checkbox"/>	Gloves used properly		
33 <input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			47 <input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
34 <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			48 <input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
35 <input checked="" type="checkbox"/>	Approved thawing methods used			49 <input checked="" type="checkbox"/>	Washing/washing facilities: installed, maintained, & used; lost strips		
36 <input checked="" type="checkbox"/>	Thermometers provided & accurate				Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37 <input checked="" type="checkbox"/>	Food properly labeled; original container			50 <input checked="" type="checkbox"/>	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51 <input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present			52 <input checked="" type="checkbox"/>	Sewage & waste water properly disposed		
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			53 <input checked="" type="checkbox"/>	Toilet fixtures: properly constructed, supplied, & cleaned		
40 <input checked="" type="checkbox"/>	Personal cleanliness			54 <input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		
41 <input checked="" type="checkbox"/>	Wiping cloths properly used & stored			55 <input checked="" type="checkbox"/>	Physical facilities installed, maintained, & clean		
42 <input checked="" type="checkbox"/>	Washing fruits & vegetables			56 <input checked="" type="checkbox"/>	Adequate ventilation & lighting; designated areas used		
57. SPECIAL REQUIREMENTS / OTHER <input type="checkbox"/> Anti-choking (590.009.E) <input type="checkbox"/> Tobacco (690.009.H) <input type="checkbox"/> Allergen Awareness (590.009.G) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other							
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.							

PIC's Signature: *Jeffrey Purdy* Print: *Jeffrey Purdy* Date: *11-7-13*
 Inspector's Signature: *Jeffrey Purdy* Follow-up: YES / NO (circle one) Follow-up Date, if applicable: *Next meeting*

Food Establishment Inspection Form

Page 2 of 3

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name: Salem High School

Date: Nov 18 2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
10	10-301.12	PF	Paper towel still inside package. Remove paper towel from packaging to allow for proper usage.
361	3-302.11		Wax in Freezer Party had cardboard boxes on the floor. Store food items lifted off the floor.
17	3-301.11	P	Sliced peach jar found with a dent on top. DISCARD PEACH JAR. (Corrected on site)
55	10-501.17		Ceiling above food Prep Station has black unidentifiable scum on dropped ceiling. Clean up scum.
39	3-305.11		Iceberg lettuce and Potatoes (cardboard boxes) inside unit in Refrigerator are located on the floor. Store food items lifted off the floor. (Corrected on site)
37	3-302.11		Plastic bins filled with muffin brisé and bread crumbs is unlabeled. Label bins.

Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature: Leah C. Martz / Jeffrey Bassey

Date: 11-7-18

Date: Nov 18 2018

Food Establishment Inspection Form

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name: Salem High School

Page 3 of 3

Date: May 20

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

PIC's Signature:

Inspector's Signature

Date: 12/18

Date: 10/18/18

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations Priority- <input checked="" type="checkbox"/> Priority foundation- <input checked="" type="checkbox"/> Core- <input checked="" type="checkbox"/> Score (optional)	3 Date <u>5/23/2019</u> Time In <u>9:30 am</u> Time Out <u>11:40 am</u>	
Establishment Name <u>Salem High School</u> Establishment Address <u>77 Wilson Street</u> Telephone <u>978-740-1116</u> Owner <u>Salem Public Schools</u> Person-in-Charge (PIC) <u>Beth Krupis</u> Inspector <u>Jeffrey Barosy</u>		Risk Category HACCP Y/N	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R
Supervision			
1 <input checked="" type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties	17 <input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned & unsafe food
2 <input type="checkbox"/> IN OUT N/A	Certified Food Protection Manager	COS	R
Employee Health			
3 <input checked="" type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting	18 <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooking time & temperatures
4 <input type="checkbox"/> IN OUT	Proper use of restriction and exclusion	19 <input checked="" type="checkbox"/> OUT N/A N/O	Proper reheating procedures for hot holding
5 <input type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events	20 <input type="checkbox"/> IN OUT N/A N/O	Proper cooling time and temperature
Good Hygienic Practices			
6 <input type="checkbox"/> IN OUT	Proper eating, tasting, drinking, or tobacco use	21 <input type="checkbox"/> IN OUT N/A N/O	Proper hot holding temperature
7 <input type="checkbox"/> IN OUT	No discharge from eyes, nose, and mouth	22 <input type="checkbox"/> IN OUT N/A N/O	Proper cold holding temperature
Preventing Contamination by Hands			
8 <input type="checkbox"/> IN OUT	Hands clean & properly washed	23 <input type="checkbox"/> IN OUT N/A N/O	Proper date marking and disposition
9 <input type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food	24 <input type="checkbox"/> IN OUT N/A N/O	Time as a Public Health Control
10 <input type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible	Consumer Advisory	
Approved Source			
11 <input type="checkbox"/> IN OUT	Food obtained from approved source	25 <input type="checkbox"/> IN OUT N/A	Consumer advisory provided for raw / undercooked food
12 <input type="checkbox"/> IN OUT N/A N/O	Food received at proper temperature	Requirements for Highly Susceptible Populations (HSP)	
13 <input type="checkbox"/> IN OUT	Food received in good condition, safe, & unadulterated	26 <input type="checkbox"/> IN OUT N/A	Pasteurized foods used; prohibited foods not offered
14 <input type="checkbox"/> IN OUT N/A N/O	Required records available: shellstock tags, permits/distribution	Food Color Additives and Toxic Substances	
Protection from Contamination			
15 <input type="checkbox"/> IN OUT N/A N/O	Food separated and protected	27 <input type="checkbox"/> IN OUT N/A	Food additives: approved & properly used
16 <input type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized	28 <input type="checkbox"/> IN OUT N/A	Toxic sub. properly identified, stored & used
Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.			
GOOD RETAIL PRACTICES			
Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R	
Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required	43 <input type="checkbox"/>	In-use utensils properly stored
31	Water & ice from approved source	44 <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled
32	Variance obtained for specialized processing methods	45 <input type="checkbox"/>	Single-use / single-service articles: properly stored & used
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/>	Gloves used properly
34	Plant food properly cooked for hot holding	Utensils, Equipment and Vending	
35	Approved thawing methods used	47 <input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used
36	Thermometers provided & accurate	48 <input type="checkbox"/>	Wash/washing facilities: installed, maintained, & used; test strips
Food Identification			
37 <input checked="" type="checkbox"/>	Food properly labeled; original container	49 <input type="checkbox"/>	Non-food contact surfaces clean
Prevention of Food Contamination			
38	Insects, rodents, & animals not present	Physical Facilities	
39	Contamination prevented during food preparation, storage and display	50 <input type="checkbox"/>	Hot & cold water available; adequate pressure
40	Personnel cleanliness	51 <input type="checkbox"/>	Plumbing installation; proper backflow devices
41	Wiping cloths: properly used & stored	52 <input type="checkbox"/>	Sewage & waste water: properly disposed
42	Washing fruits & vegetables	53 <input type="checkbox"/>	Toilet features: properly constructed, supplied, & cleaned
57 <input type="checkbox"/> SPECIAL REQUIREMENTS / OTHER	Anti-choking (590.009) <input type="checkbox"/> Tobacco (590.009) <input type="checkbox"/> Allergen Awareness (590.009(G)) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other	54 <input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.			
PIC's Signature: <u>Jeffrey Barosy</u>		Print: <u>Lee-Anne Libby</u>	
Inspector's Signature: <u>Jeffrey Barosy</u>		Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (circle one)	
		Follow-up Date, if applicable: <u>Next Routine</u>	

Food Establishment Inspection Form

Page 2 of 2

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 5/23/2019

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
10	5-202.12	PF	<p><u>Basement Kitchen</u></p> <p>- Handwashing sinks in bathroom and handwashing sink adjacent to dishwashing room have peak hot water temperatures of 93.5°F and 84.5°F, respectively. Restore hot water to these sinks at a temperature at or above 100°F.</p>
37	3-302.11		<p>- Plastic bin labeled "rice" beneath prep table in middle of kitchen holds sugar. Either relabel bin with common name of the food item it holds, or remove sugar. (Corrected on site).</p>
54	Section 55		<p>- Dumpster found with its lid's open. Keep lid's closed when not in use.</p>

Discussion with PIC:	Corrective Action Required	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
	<input type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:

Date: 5-23/9

Inspector's Signature

Date: 5/23/12

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Food Establishment Inspection Form

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The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 8 Priority O Priority foundation- I Core- 7 Score (optional)	Date 9/27/2018 Time In 9:40 am Time Out 12:20 pm
Establishment Name Salem High School Establishment Address 211 Lafayette Street Telephone 978-740-1247 Owner Salem Public Schools Person In Charge (PIC) Cameron Fullerton Inspector Jeffrey Burney		Risk Category	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:
			Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <input type="checkbox"/> Pre-Operation <input type="checkbox"/> Suspect Illness <input checked="" type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R	Compliance Status		COS	R	
Supervision		Time / Temperature Control for Safety						
1 <input checked="" type="checkbox"/> IN OUT	PIC present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food				
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN OUT N/A N/D	Proper cooking time & temperature				
Employee Health		Consumer Advisory						
3 <input checked="" type="checkbox"/> IN OUT	Management, lead employee and conditional employees; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN OUT N/A N/D	Proper reheating procedures for hot holding				
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN OUT N/A N/D	Proper cooling time and temperature				
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrhea events		21 <input checked="" type="checkbox"/> IN OUT N/A N/D	Proper hot holding temperature				
Good Hygienic Practices		Food / Color Additives and Toxic Substances						
6 <input checked="" type="checkbox"/> IN OUT N/D	Proportioning, tasting, drinking, or tobacco use		22 <input checked="" type="checkbox"/> IN OUT N/A N/D	Proper cold holding temperature				
7 <input checked="" type="checkbox"/> IN OUT N/D	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN OUT N/A N/D	Proper date marking and disposition				
Preventing Contamination by Hands		Requirements for Highly Susceptible Populations (HSP)						
8 <input checked="" type="checkbox"/> IN OUT N/D	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN OUT N/A N/D	Time as a Public Health Control				
9 <input checked="" type="checkbox"/> IN OUT N/A N/D	No bare hand contact with RTE food		25 <input checked="" type="checkbox"/> IN OUT N/A	Consumer advisory provided for raw / unpasteurized food				
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible		26 <input checked="" type="checkbox"/> IN OUT N/A	Pasteurized foods used; prohibited foods not offered				
Approved Source		Conformance with Approved Procedures						
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source		27 <input checked="" type="checkbox"/> IN OUT N/A	Food additives: approved & properly used				
12 <input checked="" type="checkbox"/> IN OUT N/A N/D	Food received at proper temperature		28 <input checked="" type="checkbox"/> IN OUT N/A	Trade sub. properly identified, stored & used				
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & uncontaminated		29 <input checked="" type="checkbox"/> IN OUT N/A	Compliance with variance / specialized process / HACCP Plan				
14 <input checked="" type="checkbox"/> IN OUT N/A N/D	Required records available; shelf-life tags, parasite destruction		Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.					
Protection from Contamination		GOOD RETAIL PRACTICES						
15 <input checked="" type="checkbox"/> IN OUT N/A N/D	Food separated and protected		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
16 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces: cleaned & sanitized		Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation					

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water		Proper Use of Utensils					
30 <input type="checkbox"/>	Pasteurized eggs used where required		43 <input type="checkbox"/>	In-use utensils properly stored			
31 <input type="checkbox"/>	Water & ice from approved source		44 <input type="checkbox"/>	Utensils, equipment & linens properly stored, cleaned, & handled			
32 <input type="checkbox"/>	Variance obtained for specialized processing methods		45 <input type="checkbox"/>	Single-use / single-service articles: properly stored & used			
Food Temperature Control		Utensils, Equipment and Vending					
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		46 <input type="checkbox"/>	Gloves used properly			
34 <input type="checkbox"/>	Plant food properly cooked for hot holding		47 <input checked="" type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed & used			
35 <input type="checkbox"/>	Approved thawing methods used		48 <input type="checkbox"/>	Warming facilities: installed, maintained, & used; test strips			
36 <input type="checkbox"/>	Thermometers provided & accurate		49 <input type="checkbox"/>	Non-food contact surfaces clean			
Food Identification		Physical Facilities					
37 <input type="checkbox"/>	Food properly labeled; original container		50 <input type="checkbox"/>	Hot & cold water available; adequate pressure			
Prevention of Food Contamination		Plumbing					
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present		51 <input type="checkbox"/>	Plumbing installed; proper backflow devices			
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display		52 <input type="checkbox"/>	Sewage & waste water properly disposed			
40 <input type="checkbox"/>	Personal cleanliness		53 <input checked="" type="checkbox"/>	Toilet features: properly constructed, supplied, & cleaned			
41 <input type="checkbox"/>	Wiping cloths: properly used & stored		54 <input checked="" type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			
42 <input type="checkbox"/>	Washing fruits & vegetables		55 <input checked="" type="checkbox"/>	Physical facilities insulated, maintained, & clean			
57 <input type="checkbox"/>	SPECIAL REQUIREMENTS / OTHER		56 <input type="checkbox"/>	Adequate ventilation & lighting; designated areas used			

Official Order for Corrections: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Uniform Food Code. This report, when signed below by a Board of Health member, will begin construction an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment's permit and cessation of food establishment operations. If不服从 this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: *[Signature]* Print: *Cameron Fullerton* Date: *12 Sep 18*

Inspector's Signature: *[Signature]* Follow-up: YES, NO (check one) Follow-up Date, if applicable: To be determined

Food Establishment Inspection Form

Page 2 of 4

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Saltmarsh School

Date: 9/2/2018

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
			The Salem Board of Health responded to a complaint which claimed undercooked hot patties were served to children, an air conditioning unit was malfunctioning, dishwashing machine was out of service, and a toilet in one of the kitchen staff's bathrooms was not working. Along with investigating the complaint, the inspector conducted a routine inspection. The following was noted:
			<u>NOTE: Another claim made by the complainant was that brown water flowed from the kitchen sinks.</u>
10	5-202.12	PF	- All handwashing sinks hot water peak at 81°F. Restore hot water at all sinks to a temperature at or above 100°F.
			<u>NOTE: No brown water observed at any of the handwashing and food prep sinks. P.I. Clinton</u> <u>Inspector Kitchen staff observed brown water on 9/05/2018, the first day of classes, but have not seen any since that time.</u>

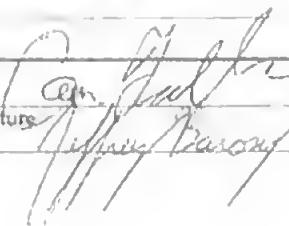
Discussion with PIC:

Corrective Action Required

No Yes

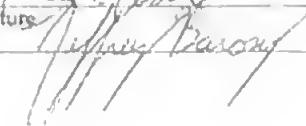
- Voluntary Compliance Employee Restriction / Exclusion
- Re-inspection Scheduled Emergency Suspension
- Embargo Emergency Closure
- Voluntary Disposal Other

PIC's Signature:



Date: 12 Sept 18

Inspector's Signature:



Date: 9/12/2018

Food Establishment Inspection Form

Page 3 of 4

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name:

Salem Staff School

Date: 9/12/2018

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
39	3-303.12		- Walk-in refrigerator's condenser is leaking water onto food. Have condenser repaired so it no longer leaks. (Store no food on shelves beneath leak and use a pan to catch water. Replace pan as often as needed until leak is repaired. Food has been moved to other shelves at time of inspection.)
47	4-501.11		- Dead mouse found beneath shelf in dry storage room. Remove mouse and discard in a sanitary manner.
38	6-501.112		- Evidence of water leakage found in dry storage room. Ceiling tiles and one wall have water stains and mold found on same ceiling tiles. Search for leak and repair. Replace ceiling tiles with mold-free.
55	6-501.11		- Dishwashing machine is out of service. Repair dishwashing machine and put back into service. (PIC informed inspector a new dishwashing machine is expected to be installed within 8 weeks from the date of this report. Three bay sink is used by kitchen staff in the meantime.)
47	4-501.11		- Women's bathroom's toilet is out of service. Repair toilet and put back into service. (A bathroom in the nearby teacher's lounge is used in the meantime.)
53	5-203.12		- Women's bathroom's toilet is out of service. Repair toilet and put back into service. (A bathroom in the nearby teacher's lounge is used in the meantime.)
54	Section 5-5		- Dumpster's lids found open. Keep dumpster lids closed when not in use.

NOTE: PIC informed inspector that on 9/10/2018, two students were accidentally served hot patties that were re-heated more. The patties in question were discovered upon discovery.

Date: 12 Sept 18

Date: 9/12/2018

PIC's Signature:

Caren Jacob

Inspector's Signature:

Jeffrey Barry

Rev. 11/2016

Food Establishment Inspection Form

Page 9 of 4

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 9/12/2018

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
			<p>(continued) A duplex "Budget" broil oven was used to cook the patties. At the time of inspection home fries were being cooked in both the top and bottom compartments. The inspector took the temperature of home fries from both compartments when finished cooking and found the range of internal temperatures to be between 187°F-212°F for 15 seconds. A "Budget" Combi oven was used to cook sausage patties at the time of inspection. Inspector took temperatures from multiple patties on top, middle, and bottom trays and found the range of temperatures to be between 190°F-200°F. Inspector advised kitchen staff to visually inspect food along with taking food's temperature after cooking to insure it is thoroughly cooked.</p>

PIC's Signature:

Fl. fl.
Tend.

Date: 12 Sept 18

Date: 9/12/2018

Inspector's Signature

Rev. 11/2016

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations		
		Priority Score (optional)	Priority foundation	Core
Establishment Name <i>Salem State School</i>		Risk Category	Type of Operation(s)	
Establishment Address 211 Lafayette Street			<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Retail
Telephone 978) 825-5532		Two-Person Staff	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Mobile
Owner <i>Salem Public Schools</i>		Permit #:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Caterer
Person In Charge (PIC) Carmen Fullerton		Food Safety Training / Exp. Date <i>6/29/2018</i>	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Farmer's Market
Inspector <i>Janice Octa</i>			<input type="checkbox"/> Other:	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN = In compliance OUT = Not in compliance N/O = not observed N/A = not applicable				
Compliance Status		COB	R	
Supervision				
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties			
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Certified Food Protection Manager			
Employee Health				
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion			
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrhea events			
Good Hygienic Practices				
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use			
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands				
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O	Hands clean & properly washed			
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	No bare hand contact with RTE food			
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible	X		
Approved Source				
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Food received at proper temperature			
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, aisle, & unsmudged			
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination				
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Food separated and protected			
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces; cleaned & sanitized			
GOOD RETAIL PRACTICES				
Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.				
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COB and/or R	COB = corrected on-site during inspection R = repeat violation	
Compliance Status		COB	R	
Safe Food and Water				
30 <input checked="" type="checkbox"/>	pasteurized eggs used where required			
31 <input checked="" type="checkbox"/>	Wedges & ice from approved source			
32 <input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			
Food Temperature Control				
33 <input checked="" type="checkbox"/>	proper cooling methods used; adequate equipment for temperature control			
34 <input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			
35 <input checked="" type="checkbox"/>	Approved thawing methods used			
36 <input checked="" type="checkbox"/>	Thermometers provided & accurate			
Food Identification				
37 <input checked="" type="checkbox"/>	Food properly labeled; original container			
Prevention of Food Contamination				
38 <input checked="" type="checkbox"/>	Insects, rodents, & animals not present			
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	X		
40 <input checked="" type="checkbox"/>	Personal cleanliness			
41 <input checked="" type="checkbox"/>	Wiping cloths: properly used & stored			
42 <input checked="" type="checkbox"/>	Washing fruits & vegetables			
67 <input checked="" type="checkbox"/> SPECIAL REQUIREMENTS / OTHER	Anti-choking (590.009(E))	<input type="checkbox"/> Tobacco (590.009(F))	<input type="checkbox"/> Allergen Awareness (590.009(G))	<input type="checkbox"/> Local law regulation
Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constituting an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.				
PIC's Signature: <i>Carmen Fullerton</i>		Print: <i>Carmen Fullerton</i>		Date: <i>2/2/19</i>
Inspector's Signature: <i>Janice Octa</i>		Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Follow-up Date, if applicable:

Food Establishment Inspection Form

Page 2 of 2

The Commonwealth of Massachusetts
 City of Salem Board of Health
 120 Washington Street, Salem MA 01970
 (978) 741-1800

Establishment Name:

Date: May 22 2019

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
1D	5-202.12	PF	In Handwashing Sinks had hot water that only reached about 70°F. Need to adjust hot water so that the hot water reaches 100°F or higher.
1D	5-202.12	PF	Both Male + Female bathrooms for the staff had hot water in the sinks that only reached 58°F. adjust hot water so that the temperature is at or above 100°F.
39	3-303.12		Walk in freezer has ice build up and ice on the floor. Repair so that food does not come in contact with ice/water and freezer is in good working conditions.
54	Section 5.5		Dumpster lids are currently open. Dumpster lids must be closed at all times if not being used.

Discussion with PIC:

Corrective Action Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC's Signature:

Anna P. He
Alice C. HeDate: 22 May 19Date: 5/22/19

Inspector's Signature

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Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts City of Salem Board of Health 120 Washington Street, Salem MA 01970 (978) 741-1800		# Violations 2	Date <u>10/24/2018</u>
Establishment Name <u>Witchcraft Heights Elementary School</u> Establishment Address <u>1 Frederick Street</u>		Priority- <input checked="" type="checkbox"/> Priority foundation- <input type="checkbox"/> Core- 2	Time In <u>9:40 am</u> Time Out <u>10:30 am</u>
Telephone <u>978-741-3509</u> Owner <u>Salem Public Schools</u> Person-in-Charge (PIC) <u>Jeanette DiPietro</u>		Score (optional)	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Other:
Inspector <u>Jeffrey Barone</u>		HACCP Y/N	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection Previous Inspection Date: <u>4/20/2018</u>
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			

Circle designated compliance status (IN, OUT, N/A) for each numbered item IN = In compliance OUT = not in compliance N/O = not observed N/A = not applicable			
Compliance Status		COS	R
Supervision			
1 <input checked="" type="checkbox"/> IN OUT	PIC present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction and exclusion		
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrhea events		
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN OUT N/O	Proper eating, testing, drinking, or tobacco use		
7 <input checked="" type="checkbox"/> IN OUT N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN OUT N/O	Hands clean & properly washed		
9 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food		
10 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source		
12 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food received at proper temperature		
13 <input checked="" type="checkbox"/> IN OUT	Food received in good condition, safe, & uncontaminated		
14 <input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available; shellstock tags, pesticide destruction		
Protection from Contamination			
15 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food separated and protected	X	
16 <input checked="" type="checkbox"/> IN OUT N/A	Food-contact surfaces; cleaned & sanitized		
GOOD RETAIL PRACTICES			
Good Retail Practices are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R	
Compliance Status		COS	R
Safe Food and Water			
30	pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevention; cutting food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		
57	SPECIAL REQUIREMENTS / OTHER		
<input type="checkbox"/> Anti-choking (590.009 F) <input type="checkbox"/> Tobacco (590.009 F) <input type="checkbox"/> Allergen Awareness (590.009 G) <input type="checkbox"/> Local law regulation <input type="checkbox"/> Other Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.			

PIC's Signature: Jeffrey Barone

Inspector's Signature: Jeffrey Barone

Print: JEFFREY BARONE

Follow-up: YES NO

(check one) Follow-up Date, if applicable: Next Rating

Date: 10-24-18

Food Establishment Inspection Form

Page 2 of 2

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 10/24/2018

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Item Number	Code Section	P = Priority Item PF = Priority Foundation Item	Description of Violation
55	6-501.14		- Dishwashing machine is out of service. Either repair machine and put it back into service or remove from premises.
15	3-302.11		- Personal food item, a "Celeste" pizza, was stored on top of food items served to students inside walk-in freezer. Storing personal and public food items in the same cold-holding units is allowed as long as they were kept separate (located on site).

Discussion with PIC:

Corrective Action Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	
<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension	
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other	

PIC'S Information

Date: 1-20-05

Inspector's Signature

Date: 10/24/2012

Rev. 11/2016

Food Establishment Inspection Form

Page 1 of 2

The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800

Establishment Name

Witherell Heights Elementary School

Establishment Address

1 Frederick Street

Telephone

978-325-3309

Owner

Salem Public Schools

Person-In-Charge (PIC)

Jeanette Debris

Inspector

Jeffrey Barry

Violations

Priority 0 Priority foundation 0 Core 2
Score (optional)

Date 5/22/2019

Time In 9:45am

Time Out 10:55am

Risk Category
 Food Service
 Retail
 Residential Kitchen
 Mobile
 Temporary
 Caterer
 Bed & Breakfast
 Farmer's Market
 Other:

Type of Inspection
 Routine
 Reinspection
Previous Inspection Date:
 Pre-Operation
 Suspect Illness
 General Complaint
 HACCP
 Other:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, N/O) for each numbered item
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Compliance Status	COS	R
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Supervision

1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	PIC present, demonstrates knowledge, and performs duties	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Certified Food Protection Manager	

Employee Health

3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of restriction and exclusion	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events	

Good Hygienic Practices

6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O Proper eating, tasting, drinking, or tobacco use	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O No discharge from eyes, nose, and mouth	

Preventing Contamination by Hands

8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	N/O Hands clean & properly washed	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	No bare hand contact with RTE food	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing sinks properly supplied and accessible	

Approved Source

11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Food received at proper temperature	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food received in good condition, safe, & undamaged	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Required records available; refrigerators, freezers, parasite destruction	

Protection from Contamination

15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O	Food separated and protected	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A	Food-contact surfaces; cleaned & sanitized	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection R = repeat violation

Compliance Status	COS	R
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Compliance Status	COS	R
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Safe Food and Water

30 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required	
31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water & ice from approved source	
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Vincent obtained for specialized processing methods	

Proper Use of Utensils

43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils properly stored	
44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	
45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use / single-service articles: properly stored & used	
46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	

Food Temperature Control

33 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	
34 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot food properly cooked for hot holding	
35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used	
36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	

Utensils, Equipment and Vending

47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
48 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	
49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	

Food Identification

37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	
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Physical Facilities

50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot & cold water available; adequate pressure	
51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	
52 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	
53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned	
54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	
55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, & clean	
56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation & lighting; designated areas used	

SPECIAL REQUIREMENTS / OTHER

Anti-choking (590.009(E)) Tobacco (590.009(F)) Allergen Awareness (590.009(G)) Local law regulation Other

Official Order for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within ten (10) calendar days of receipt of this order.

PIC's Signature: *Jeffrey Barry*

Inspector's Signature: *Jeffrey Barry*

Print: *Sean Miller* Date: *5-22-2019*
Follow-up: YES NO Follow-up Date, if applicable: *Next Routine*

Food Establishment Inspection Form

Page 2 of 2

**The Commonwealth of Massachusetts
City of Salem Board of Health
120 Washington Street, Salem MA 01970
(978) 741-1800**

Establishment Name:

Date: 5/22/2019

Witchcraft Heights Elementary School

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND/OR CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames or as stated in Section 8-405.11 of the Food Code.

Discussion with PIC:

Corrective Action Required

110

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Voluntary Compliance

Employee Restriction /
Exclusion

Re-Inspection Scheduled

Emergency Suspension

Embergo

Emergency Closure

Voluntary Disposal

Other

PIG's Signature:

Date: 5/22/2015

Inspector's Signature

Date: 5/22/2019

Rev. 11/2016